



Environmental Division

1350 McKittrick St., P.O. Box 519, Wenatchee, WA 98807

Re: Updating Backflow Tester Records

Dear Tester,

The purpose of this Code of Conduct and Program Orientation is to supply Washington State Certified Backflow Assembly Testers ("BAT") with important information that the City of Wenatchee has adopted. The informational form on the back page needs to be completed and returned to the City of Wenatchee's Environmental Division before you will be allowed to test in the City of Wenatchee's water system.

Please note that there have been significant changes to the Code of Conduct and Cross Connection Control Policy for 2014 and the City of Wenatchee will be enforcing these changes.

The City of Wenatchee Water Department, Chelan County PUD Water Department, and East Wenatchee Water District (Regional Water Districts) have developed a standardized backflow assembly tag. The Regional Water Districts require installation of the new tag on all backflow assemblies that are tested in their water service area which will help assist in determining unaccounted for backflow assemblies. BAT's shall securely attach the backflow assembly tag with wire ties and make sure the proper Regional Water District has been identified on the tag by using a permanent marking pen. The Regional Water Districts will supply the wire ties and additional assembly tags to BAT's upon request.

Thank you for your cooperation in protecting the quality of drinking water for all users.
If you have questions about the requirements, do not hesitate to call me at (509) 888-3227

Sincerely,

Julie McWiggins
Quality Control Technician
City of Wenatchee, Environmental Division



Environmental Division

CODE OF CONDUCT AND PROGRAM ORIENTATION FOR CERTIFIED BACKFLOW ASSEMBLY TESTERS

CODE OF CONDUCT AND PROGRAM ORIENTATION FOR CERTIFIED BACKFLOW ASSEMBLY TESTERS

Standards and Procedures

The following standards shall apply to all City of Wenatchee approved testers for testing, repair, and certification of backflow prevention assemblies within the City of Wenatchee's service area. City of Wenatchee backflow testing procedures as well as the associated reporting forms are an integral part of the City of Wenatchee's Backflow and Cross-Connection Prevention Program and deviation from the following procedures may subject the tester, within the City of Wenatchee's discretion, to removal from the approved list.

This list is provided as a courtesy to the customers of the City of Wenatchee, the citizens. The BAT is not a representative of the City of Wenatchee but by being publically listed is a reflection of the City. It is an expectation that the Backflow Assembly Testers will conduct themselves in a professional, respectful manner. The water utility customer has a right to make a formal complaint against a BAT. The City of Wenatchee takes complaints seriously and reserves the right to remove a BAT from the list on a case by case basis.

1. No person other than an employee of the City of Wenatchee is authorized to operate the street-side meter shutoff valve (angle meter, curb stop or gate valve). The tester must call the City of Wenatchee if it becomes necessary to operate this valve to make a replacement or repair. **A tester shall not remove or replace a backflow prevention assembly without prior approval by the City of Wenatchee. The tester may call City Hall, during normal business hours (8:00 am - 4:30 pm, Monday - Friday) at (509) 888-6200 for assistance. After hours, on weekends, and holidays calls must be directed to the 24-hour emergency number at 1-509-663-9911.**
2. Backflow prevention assembly installations shall be in conformance with City of Wenatchee regulations, as now exist or as may be hereafter amended. The Cross Connection Control Program and Policy may be viewed at the City of Wenatchee Public Service Center located at 1350 McKittrick Street, Suite A.
3. All newly installed backflow assemblies shall be pressure regulated, if the inlet pressure exceeds the manufacturer's rated working pressure.
4. When testing an existing backflow assembly, the proper installation/application for that type of assembly shall be verified and reported on City of Wenatchee backflow assembly test report forms or prior approved test form.
5. The original signed test report shall be submitted to the City of Wenatchee via hand delivery, US postal service, fax or email. **AUTOMATED OR SCANNED SIGNATURES AND DIGITAL VALUES WILL NOT BE ACCEPTED!!** **NOTE: If the BAT chooses to submit test reports via email, it is the BAT's responsibility to request a read receipt to ensure that the test has been delivered.**
6. The City of Wenatchee will accept other test reports as long as they have all the required information per WAC 246-292-036.
7. Reports **MUST** be submitted within 10 days of the initial test. Reports will be date stamped the day they are received. If a tester submits test reports more than three times past the 10 day grace period, it will be grounds for being removed from the list.

8. If repairs are needed that require more time than allowed by the test notice deadline date or 10 (ten) day submittal period, the tester, owner, or user shall contact the City of Wenatchee for an extension to the original deadline.
9. Assembly testers shall securely attach the City of Wenatchee's backflow assembly tags and mark the appropriate water system. If the assembly has been misidentified it is the BAT's responsibility to make the corrections or inform the City of the problem. The City will supply assembly tags to the BAT upon request.
10. The City of Wenatchee will randomly verify the results on submitted test forms. These reviews will be conducted within a reasonable time, as determined by the City of Wenatchee, but not to exceed three (3) weeks from the date of the initial inspection and may be cause for rejection of the test results and/or grounds for retesting of the assembly.
11. It is the responsibility of the tester to call questionable practices to the attention of the City of Wenatchee so that enforcement procedures may be implemented. Enforcement of the City of Wenatchee's Cross-Connection program lies solely with the City of Wenatchee.
12. A tester shall not knowingly falsify the results of the backflow assembly test performed by him/her. Examples of this include, but are not limited to:
 - a. Signing backflow test reports for tests he/she did not perform.
 - b. Making unneeded repairs.
 - c. Not having proper backflow certification to perform tests.
 - d. Not using proper test procedures as established by City of Wenatchee Program and Policy.
 - e. Using unauthorized backflow test equipment.
 - f. Not reporting failing tests and repairs made to assemblies.
13. Testers' equipment shall be calibrated, at a minimum, once per year. Calibration shall be conducted by using the procedures adopted by the American Society of Mechanical Engineers (ASME) as now exists or as may be hereafter amended. A copy of the Backflow Test Kit Evaluation and Test Gauge Calibration Report, prepared by a qualified individual or company, shall be submitted to the City of Wenatchee.
14. Tester shall provide the City of Wenatchee with a copy of his/her current State of Washington BAT Certification Card.
15. Tester shall provide the City of Wenatchee with a copy of his/her current State of Washington Department of Labor and Industries Specialty Plumber Certification, if repairing assemblies inside buildings.
16. **Testers or the company they work for shall have a current City of Wenatchee Business License on file.**
17. A completed, signed City of Wenatchee's Code of Conduct form shall be submitted prior to testing any backflow assembly that is located within the jurisdiction of the City of Wenatchee's water systems.

Regional Water District Backflow Assembly Tags

The City of Wenatchee will supply the assembly tags to BAT's upon request.

Lettering on Front of Tag



DO NOT REMOVE THIS CARD

- ☐ CITY OF WENATCHEE
WATER DEPARTMENT
- ☐ CHELAN COUNTY PUD
WATER DEPARTMENT
- ☐ EAST WENATCHEE
WATER DISTRICT

This backflow prevention assembly is installed in accordance with the above water purveyors resolution complying with Washington State Department of Health Regulations (WAC 246-290-490) on cross connection control. This assembly was installed to protect the customer's and /or the public's water supply from contamination.

(OVER)

Lettering on Back of Tag



This backflow prevention assembly shall not be removed or relocated without the expressed written permission of the water purveyor.

When premise isolation assemblies are approved at an alternate location no connections will be allowed between the point of delivery from the public water system and the approved backflow assembly. Bypass piping shall not be installed around this assembly.

Failure to maintain this backflow prevention assembly in proper working order, removal or relocation of the assembly without written authorization, or the installation of bypass piping around this assembly will result in the termination of the water supply to this premise.

(OVER)

Completing Test Report Forms

New City of Wenatchee designed test report form for 2014

1. Name of Business or Property Owner:
2. Service Address: The address where the assembly is located (business address for assemblies in mobile cleaning vehicles).
3. Phone: Landline or cell number.
4. Assembly Location: The general location (ie: NW corner of lot, next to the meter, # of feet south of meter, North wall of room #, etc.).
5. Downstream Hazard: The type of hazard this assembly is protecting. (CO₂ system, dishwasher, premise isolation, irrigation).
6. Type of assembly: DCVA, RPBA, PVBA, etc.
7. Installation: New, Existing, or if Replacement, Old Assembly Serial #.
8. Make of Assembly: Make of the assembly (Febco, Watts, Wilkins, etc.), Model number, Size of the assembly, Serial number on the assembly (including any letters). Check if on the Washington State approval list.
9. Washington State Approved Assembly?
10. Meets State of Washington Installation Requirements?
11. Remarks: Report all repairs, note incorrect installation, replacement of the assembly modifications, condition of the assembly, etc.
12. Initial Test: The results of the initial test before any repairs.
13. Repairs: The repairs including, but not limited to; flushing, replacement of parts, exercising the relief valve, cleaning of check valve discs.
14. Final Test: The results after repairs.
15. Meter Reading and Meter Number if testing a Detector Assembly (Required).
16. Line Pressure: PSI of line pressure.
17. Initial Test: Date, printed name and signature of person performing the test, BAT # and phone #.
18. Repairs: Date, printed name and signature of person performing the repairs, and phone #.
19. Final Test: Date, printed name and signature of person performing the final test, BAT # and phone #.
20. Calibration Date, Gauge #, and Model of Test Kit being used.
21. Service Restored: The position the shutoff valves were left after completion of test.

*** Note: Test reports are legal records. Accuracy and Legibility is required.**

Return report to:
City of Wenatchee, Environmental Division
Attn. Julie McWiggins, Quality Control Technician
jmcwiggins@wenatcheewa.gov



NAME OF BUSINESS OR PROPERTY OWNER: CITY OF WENATCHEE PUBLIC WORKS BUILDING

ADDRESS: 1350 MCKITTRICK ST

PHONE: 509-888-3227

ASSEMBLY LOCATION: HYDRANT VALVE # H-7

HAZARD: FIRE HYDRANT VALVE TEMP VALVE TYPE: DCVA ☐ RPBA ☒ PVBA/SVBA ☐ DCDA ☐

NEW INSTALL ☐ EXISTING ☒ REPLACEMENT ☐ OLD SERIAL #

MAKE OF ASSEMBLY: RP WILKINS 975XL 2.000 SERIAL #: 1571606

WA STATE APPROVED ASSEMBLY? YES ☒ NO ☐ PROPER INSTALLATION? YES ☒ NO ☐

REMARKS:

	DCVA	RPBA	PVBA/SVBA
INITIAL TEST	Check Valve #1 Leaked <input type="checkbox"/> _____ Psid	Relief Valve Opened at _____ Psid Did not Open <input checked="" type="checkbox"/>	Air Inlet Valve Opened at _____ Psid Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>
PASSED <input type="checkbox"/> FAILED <input checked="" type="checkbox"/>	Check Valve #2 Leaked <input type="checkbox"/> _____ Psid	Check Valve #1 _____ Psid Leaked <input type="checkbox"/> Check Valve #2 Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Approved Air Gap Yes <input checked="" type="checkbox"/> No _____	Did not Open <input type="checkbox"/> Check Valve Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ Psid
PARTS AND REPAIRS	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> Ex RV <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____
FINAL TEST	Check Valve #1 Leaked <input type="checkbox"/> _____ Psid	Relief Valve Opened at 24 Psid Did not Open <input type="checkbox"/>	Air Inlet Valve Opened at _____ Psid Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>
PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	Check Valve #2 Leaked <input type="checkbox"/> _____ Psid	Check Valve #1 8.0 Psid Leaked <input type="checkbox"/> Check Valve #2 Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/> Check Valve Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ Psid

Detector Meter Reading _____ Meter Number _____

LINE PRESSURE **90** PSI

I certify that I personally performed the field test using department approved test procedures and this form is true, complete and accurate.

	Date	Printed Name	Signature	BAT #	Phone #
Initial Test	01/01/0000	Julia McWiggins	Julia McWiggins	BXXXX	509-888-3227
Repairs	01/01/0000	Julia McWiggins	Julia McWiggins		509-888-3227
Final Test	01/01/0000	Julia McWiggins	Julia McWiggins	BXXXX	509-888-3227
Company	City of Wenatchee				

GAUGE # **03111349** MODEL **845** CALIBRATION DATE **XX/XX/XX** SERVICE RESTORED? YES ☐ NO ☒

Return report to:
City of Wenatchee, Environmental Division
 Attn. Julie McWiggins, Quality Control Technician
jmcwiggins@wenatcheewa.gov



NAME OF BUSINESS OR PROPERTY OWNER: _____

ADDRESS: _____ **PHONE:** _____

ASSEMBLY LOCATION: _____

DOWNSTREAM HAZARD: _____ **TYPE:** DCVA ☐ RPBA ☐ PVBA/SVBA ☐ DCDA ☐

NEW INSTALL ☐ **EXISTING** ☐ **REPLACEMENT** ☐ **OLD SERIAL #** _____

MAKE OF ASSEMBLY: _____ **MODEL:** _____ **SIZE:** _____ **SERIAL #:** _____

WA STATE APPROVED ASSEMBLY? YES ☐ NO ☐ **PROPER INSTALLATION?** YES ☐ NO ☐

REMARKS: _____

	<u>DCVA</u>	<u>RPBA</u>	<u>PVBA/SVBA</u>
INITIAL TEST PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	<u>Check Valve #1</u> Leaked <input type="checkbox"/> _____ Psid <u>Check Valve #2</u> Leaked <input type="checkbox"/> _____ Psid	<u>Relief Valve</u> Opened at _____ Psid Did not Open <input type="checkbox"/> <u>Check Valve #1</u> _____ Psid Leaked <input type="checkbox"/> <u>Check Valve #2</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> <u>Approved Air Gap</u> Yes _____ No _____	<u>Air Inlet Valve</u> Opened at _____ Psid <u>Opened Fully</u> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Open <input type="checkbox"/> <u>Check Valve</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ Psid
PARTS AND REPAIRS	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____
FINAL TEST PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	<u>Check Valve #1</u> Leaked <input type="checkbox"/> _____ Psid <u>Check Valve #2</u> Leaked <input type="checkbox"/> _____ Psid	<u>Relief Valve</u> Opened at _____ Psid Did not Open <input type="checkbox"/> <u>Check Valve #1</u> _____ Psid Leaked <input type="checkbox"/> <u>Check Valve #2</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	<u>Air Inlet Valve</u> Opened at _____ Psid <u>Opened Fully</u> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Open <input type="checkbox"/> <u>Check Valve</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ Psid

Detector Meter Reading _____ **Meter Number** _____ **LINE PRESSURE** _____ **PSI**

I certify that I personally performed the field test using department approved test procedures and this form is true, complete and accurate.

	Date	Printed Name	Signature	BAT #	Phone #
Initial Test					
Repairs					
Final Test					
Company					

GAUGE # _____ **MODEL** _____ **CALIBRATION DATE** ____ / ____ / ____ **SERVICE RESTORED?** YES ☐ NO ☐

City of Wenatchee Code of Conduct and Program Orientation for Certified Backflow Prevention Assembly Testers

I hereby certify that I am approved by the State of Washington Department of Health as a Backflow Prevention Assembly Tester and have thoroughly read and understand the City of Wenatchee's Backflow and Cross Connection Control regulations and procedures with which I agree to comply.

Attached hereto are copies of the following:

- 1. 2014 State of Washington BAT Certification Card**
- 2. Current Backflow Test Kit Calibration Verification Report**
- 3. Current City of Wenatchee Business License (only required if #5 below is marked)**
- 4. Current plumber or specialty backflow certification (only required if repairing assemblies inside premises)**
- 5.**
 - ☐ ☐ **Yes, list me on public BAT listing**
 - ☐ ☐ **No, please do not include me on the public list**

Please update your information and return this form.

Name: _____

Company: _____

Address: _____

Email: _____

Phone: _____

Cell Phone: _____

Signature

Printed Name

Date _____